Abbeyfield Bognor Regis Society Limited(The)

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Abbeyfield Bognor Regis Society Limited is registered to provide support and accommodation for up to 18 people. It also provides respite care. On the day of our visit there were 16 people who used the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. Medicines were managed safely.

Staff received regular training and there were opportunities for them to study for additional qualifications. All staff training was up-to-date. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and were involved in decisions about their care as much as they were able. The decisions made by people were respected by staff. People's privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's preferences and likes and dislikes were documented so that staff knew how people wished to be supported. There were a variety of activities and outings on offer which people could choose to do. Complaints were dealt with in line with the provider's policy.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

There was a clear complaints policy and people knew how to make a complaint if necessary.
The provider had a policy and procedure for quality assurance. The registered manager worked alongside staff and this enabled her to monitor staff performance. The Nominated Individual for the provider visited the home regularly to carry out quality audits.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular meetings with people, relatives and staff enabling feedback to be sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Potential risks were identified and managed. Risk assessments were in place and reviewed to help protect people from harm. Staff were aware of the procedures to follow regarding safeguarding adults.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were stored and administered safely by staff who had received appropriate training.

Is the service effective?

Good

The service was effective.

Staff received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The registered manager and staff were aware of their responsibilities in this area.

People had access to a choice of meals and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's individual needs and these were assessed, planned and responded to by staff who understood them.

Activities were provided according to people's preferences.

Complaints were acted upon in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

People gave their feedback about the service provided through regular meetings and by communicating their views to staff.

Staff were supported to question practice and were asked for their views about Abbeyfield Bognor Regis Society Limited at regular supervisions and through staff meetings.

Regular audits took place to measure the quality and safety of the service provided. Records were kept securely.

Abbeyfield Bognor Regis Society Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 April 2016. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also looked at statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people and how people were supported in the communal areas of the home. We observed care and spoke with people, their relatives and staff. We looked at plans of care, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus, staff training and recruitment records, and records relating to the management of the service such as audits and policies.

During our inspection, we met with the eight people who used the service and four relatives. We also spoke with the registered manager, the admin assistant, the cook, one domestic staff member and four care staff.

The service was last inspected in April 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People felt safe at the home. All the people we spoke with told us they felt quite safe and were treated well. People said there were enough staff to provide support to them. One person said, "The staff are all very good I feel quite safe here". Relatives said they were happy with the care and support provided and said they had no concerns about their relative's safety.

The registered manager had an up to date copy of the West Sussex safeguarding procedures to help keep people safe. She understood her responsibilities in this area to report any suspected abuse. There were notices and contact details regarding safeguarding procedures on the notice board. Staff were aware and understood the different types of abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people.

Risks to people and the service were managed so that people were protected. Risk assessments were kept in people's plans of care. These gave staff the guidance they needed to help keep people safe. We saw risk assessments regarding people's mobility, dietary needs, moving and handling, pressure areas and falls. For example the risk assessment for one person stated 'walks with the use of a frame, needs the help of one person to transfer' The measures staff needed to take to keep the person safe included information to ensure that the persons frame and call bell were within reach at all times so they could seek assistance if needed. There was also information about what people could do for themselves and when staff were required to support. A staff member said, "Safety is paramount we always look out for potential risks"

There were environmental risks assessments in place, such as from legionella or fire. There were emergency plans in place so that information that may be necessary in an emergency was quickly available for staff and the emergency services as required. The home also had a fire risk assessment for the building which had recently been updated and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

We viewed staff recruitment files for three staff members. Records showed the provider ensured appropriate checks were carried out including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with a newly appointed member of staff who told us their recruitment had been thorough.

The registered manager told us there were a minimum of four members of care staff on duty between 8.00am and 3.00pm. Between 3.00pm and 9.00pm there were three care staff on duty and between 9.00pm and 8.00am there were two care staff who were awake throughout the night. In addition the registered manager and a senior care worker lived on the premises and they were available on call if required. The provider also employed a registered manager, two domestic staff, two cooks, two kitchen assistants, a maintenance person and an administrator who all worked flexibly to meet people's needs. The registered manager told us she worked at the home most days and was available for additional support if required.

The staffing rota for the previous two weeks confirmed these staffing levels were maintained. The registered manager told us staffing levels were based on people's needs. The registered manager told us that the home rarely used agency staff as their permanent staff would always complete overtime to cover sickness and annual leave. Our observations and comments from people relatives and staff confirmed there were sufficient staff on duty to meet people's needs.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Medicines were managed so that people received them safely. All staff authorised to administer medicines had completed training and this was confirmed by staff. Medication Administration Records (MAR) sheets were completed and showed when people had received their medicines. There was a clear protocol for administering any PRN (when required) medicines.

We observed the lunchtime medicines being given. Staff carried out appropriate checks to make sure the right person received the right medicines and dosage at the right time. People were asked if they needed assistance to take their medicines and any help was given in a discreet and caring way. Staff only signed the Medication Administration Record (MAR) sheets once they saw that people had taken their medicines. Medicines were recorded on receipt and administration and we saw the records of disposal. Medicines we checked corresponded to the records which showed that the medicines had been given as prescribed.

People's medicines were stored safely. Medicines were kept secure in locked cabinets inside a medicines room. We saw that a lockable fridge was available to store medicines that required lower storage temperatures. We saw that the fridge and medicine room temperatures were monitored to ensure that medicines were stored at the correct temperature. Any medicines not required were returned to the dispensing pharmacy at the end of each month and appropriate records were kept. This meant that peoples' medicines were managed, stored and administered safely.

Good

Is the service effective?

Our findings

People told us they got on well with staff and said they were well cared for. Comments from people included. "The staff are very good,good; I used to be a nurse so I know what good care looks like". "I am very happy with the care provided for me,me; the staff know me well and keep a good eye on me". And "I have no complaints, the staff look after me very well". Relatives said they were very happy with the support provided by staff. Comments included: "I visit there or four times a week and it's always the same, I could not be happier with the care my relatives received". And "The staff are all lovely, they cannot do enough for my relatives and I am always made welcome whenever I visit".

During the inspection, we undertook a tour of the home. The registered manager told us people were encouraged to bring items of furniture and personal effects to decorate their rooms when they came to live at the home. The provider had encouraged relatives to help their family members with this to give bedrooms a personalised and homely feel. We saw that some rooms contained photos and ornaments that were special to people. Communal areas were homely with appropriate furnishing. There was a large picture board with photographs of people's holidays, outings into the local community and activities undertaken in the home.

Training was provided to staff through regular training courses arranged by the provider. Staff told us they had completed all mandatory training. Staff also said that they were provided with a range of training opportunities. The registered manager showed us a training plan and this included training in the following subjects: Moving and handling, safeguarding, fire, health and safety, first aid, MCA and DoLS, dementia awareness, end of life care and medicines. The registered manager told us that additional training would be provided if necessary to meet the needs of the people that they were caring for.

The registered manager said that all new staff members would be expected to complete an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. We saw that staff had been supported to complete 2010 Skills for Care Common Induction Standards. The registered manager told us any new staff would be enrolled on the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. She explained that new recruits who had not previously worked in care would be expected to complete the care certificate.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 18 care staff and 15 had completed qualifications up to National Vocational Qualification (NVQ) level two/three or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The registered manager told us that she regularly worked alongside care staff and this enabled her to monitor staff performance and identify if the training was effective and also to identify any additional training needs. This meant that people were supported by a staff team who had the skills required to provide effective care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood their role and the procedures to follow.

The registered manager said that at present there was no one living at the home who was subject to DoLS. The registered manager told us that although some people were living with mild dementia, people were generally able to make day to day choices and decisions for themselves. We saw that each person had signed a form to consent to care and treatment and we observed staff explaining to people what they were doing and gaining their consent before providing support. People told us that they were able to make their own decisions and comments included: "They always ask me and explain what they are doing". "They talk to me and ask if it's OK to get me up, sometimes I say no as I want a lie in and it's never a problem". This meant that people were able to exercise as much choice as possible in their day to day lives.

Staff received regular supervision and records were up to date. We were shown the supervision file and this contained records of all staff member's supervisions. The Registered Manager told us that each staff member received supervision four or five times a year and staff also had an annual appraisal. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with the registered manager. Staff said they were able to discuss any issues with the registered manager and felt that communication was good with everyone and that everyone worked together as a team.

People told us the food was good and they were supported to have sufficient to eat and drink. A relative told us, "Food's lovely there's always plenty to eat and drink". We spoke to the cook who told us breakfast was normally cereals and toast and people could choose what to eat. A cooked breakfast was available if people requested this. Lunch was the main meal of the day and supper was soup, sandwiches or a hot snack with a choice of dessert. There was a rolling menu which was made up following discussions with people at residents meetings. The registered manager also periodically sent round questionnaires for people to complete regarding food choices. The cook said there was always two choices for lunch and supper and always included a dessert. She said if the choices were not to someone's liking then additional meals could be made such as jacket potato, omelettes or salad. On the day of our visit lunch was chicken casserole with fresh vegetables' or spaghetti bolognaise followed by rhubarb crumble and custard or yogurts. The cook said there was always a range of food in the fridge so that people or staff could make snack or sandwich for people at any time if they wanted this. Care records showed that people had been assessed using a Malnutrition Universal Screening Tool (MUST) a tool designed specifically for this purpose. The registered manager said that special diets were catered for and if necessary a dietician or speech and language therapist would be consulted to ensure people's nutritional needs were met. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People's healthcare needs were met. People were registered with a GP of their choice and the home arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians and this helped them to stay healthy. The registered manager said appointments with other health care professionals were arranged through referrals from their GP. A record of all healthcare appointments was

kept in each person's care plan together with a record of any treatment given and dates for future appointments. The registered manager said that they had a good working relationship with healthcare professionals and that staff would provide support for anyone to attend appointments. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

Good

Is the service caring?

Our findings

People were happy with the care and support they received and told us their privacy and dignity was maintained. Comments from people included: "The staff are all so lovely, they look after me very well". "I could not ask for better care, they know when to give you help and when to leave you alone". And "If anyone says a bad word about them, just bring them to me and I will tell them to their face that they are lying". Relatives spoke positively about the care staff. One said "The staff are really good, they know everyone so well and know their needs". Another said "You hear so many bad things about how people are cared for but it's so different here, everyone is so kind".

Staff respected people's privacy and dignity. When staff approached people, they would always engage with them and check if they needed any support. One member of staff told us, that they would ensure that people are covered during personal care or close the curtains to respect a person's dignity.

We observed care in communal areas at lunchtime and throughout the day. Care was safe and appropriate, with sufficient numbers of staff present. We observed good interaction between people and staff who consulted people and gained their consent before giving any care or support.
Staff were kind, friendly and caring with people. We observed staff engaging people in conversation and chatting with them about topics in the news.

Staff were able to tell us about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. We saw that staff knocked on people's doors and waiting for a response before entering.

On the day of our visit a visiting hairdresser was in attendance and she was kept busy by residents who were enjoying having their hair done. During our visit we observed staff offering people choice and respecting their decisions, such as whether they wished to participate in the activity taking place in the lounge, or on what they wished to eat and drink. One staff member said, "We give people choices and involve them as much as possible in how they receive their care. People can usually tell us their choices and they will make themselves clear if they do not wish to be involved and we respect their decisions".

We saw that everyone was well groomed and dressed appropriately for the time of year. Staff told us people made their own choice in what they wanted to wear. One staff member said, "most people make their own decisions on what to wear and I just offer my opinion, but it's their choice and I respect that. I usually just let them know if it's cold as if they see the sun shining they may think it's warm when it's not.

Throughout our visit staff showed people patience and respect. People were cared for with kindness and compassion and we observed some positive interactions between people and staff. We observed that staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner. We saw that rooms were personalised and people were encouraged to bring items and small furniture from home to make their room homely for individuals.

People were supported at the end of their life to have a private, comfortable, dignified and pain-free death. Staff received training in end of life care and also received advice, guidance and support from a local hospice. There was no-one at the home currently receiving end of life care. The registered manager said that it was important for people and their families that people could spend their last days at the home and explained, "We do anything that is needed to keep people comfortable".

Good

Is the service responsive?

Our findings

People said they were well looked after. One person said "The staff are always around and if I need anything I just have to ask". Another person said "If I have to use my call bell staff come quickly". One relative said "the door to my relative's room is always open, staff always pop in to check she is OK and she likes that fact that staff always wave or say hello when they pass". People were aware the provider had a complaints procedure and one person said "If I had any concerns I would speak to my son he would sort it out". Another person said ""Yes I know how to complain, I would go to the manager or one of the staff, they would sort it out" Relatives told us they would raise any issues with the registered manager".

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. People told us they had regular visitors. One person said "My family come to see me regularly, I do not think there are any restrictions". Another person said "My family and friends pop in to see me if they are in the area, it's never a problem". Relatives said they had never experienced any problems when they visited and they were always made welcome.

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

People knew they had a plan of care and consent to care forms had been completed and signed. The registered manager told us that people and their relatives were involved in planning their care. People told us that they were quite happy with the care they received. We were told staff always involved them in decisions relating to their daily care and how they wished to spend their time.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans identified the support people needed and how support should be given. People had care plans for the following: Health and physical wellbeing, psychological and mental health, tissue viability, mobility, continence, personal safety and risk and personal care needs. These care plans detailed what people could do for themselves, what support was required from staff and details of how this support should be given. Staff we spoke with demonstrated a good knowledge of the care needs of the people they looked after and were able to describe the routines and preferences of the people. This was in line with people's care plans.

The care plan for one person regarding their personal care stated 'needs help with washing, bathing and dressing' The care plan instructed staff to speak with the person concerned and assist as required, the plan said 'named person will inform you of the help and support she needs, two staff to assist into bathroom, will wash herself but may ask for assistance with certain areas. Staff to assist with drying if requested and 2 staff to support back to bedroom. Person is able to choose own clothes and will request support if any assistance is needed with dressing'. The care plan was clear and was centre red on the person and allowed

them to retain as much independence as possible.

Care plans were regularly reviewed. We saw that when a person's needs had changed the care plan was updated to reflect this. For example the care plan for one person date 28/1/16 stated the person was very restricted with movement and two staff were required to assist the person getting out of bed to wheelchair. On 22/2/16, the care plan had been amended to reflect that the hospital had advised to use a hoist for transfers. The care plan stated the person found the use of the hoist painful and staff were instructed to use a handling belt or hoist to transfer dependant on the person mobility at the time. This meant that the care plan reflected the person needs at a particular time. Staff told us that the care plans reflected the current support people needed.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs. During the course of the inspection we observed that when people requested assistance by using their call bells, these were responded to swiftly by care staff.

Daily records compiled by staff detailed the support people had received throughout the day and night and these provided evidence that the care plan had been followed and appropriate care and support had been given by staff.

Staff told us they were kept up to date about people's well-being and about changes in their care needs at the handover which was carried out before commencing their shift. We observed staff preparing to handover to the oncoming shift and the senior care discussed each person individually and recorded any specific comments in a handover book. The handover gave an update on each person together with any additional information they needed to be aware of. This ensured staff provided care that reflected people's current needs.
Daytime activities were organised for everyone, according to their preferences and there was a range of activities provided for people we saw the activities programme for the week and this included exercise to music, visiting entertainers, creative talks with slide shows, bingo, TV, birthday parties, summer fete and trips out into the local community.

There were regular meetings held for people and relatives were welcome to attend. We saw minutes of the most recent meeting and this showed that people have put forward ideas for trips into the local community and one person had suggested that bingo be included in activities. We saw that people's views and ideas had been taken into consideration and the introduction of bingo in the afternoon and a recent trip in the mini bus to a local pub was arranged as a result of people's ideas that had been put forward. This meant that people's views, choices and preferences were taken into consideration and acted on.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with the registered manager or staff. Any complaints or concerns could then be dealt with promptly and appropriately in line with the provider's complaints policy. Staff told us they would explain the complaints procedure to people if needed and they would support and assist anyone to make a complaint or raise a concern if they so wished. The registered manager had a complaints file and this showed that no complaints had been received since the last inspection of the service. The registered manager said if any complaints were received or incidents occurred they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did

not happen again.

Good

Is the service well-led?

Our findings

People said there was good communication channels with the staff and manager. Comments from people included; "Communication is very good with the staff, they are always around to talk to". "The staff and the manager are very approachable". And "I think the place is well run, I cannot fault anything so they must be doing things right". Relatives were positive about how the home was run. One relative said "The manager is excellent, I do not think anyone has a bad word to say about the place it's all is good". Another said "The home always keeps me in touch and lets me know what is happening".

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. Staff said the registered manager operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring any problems to her attention. People, relatives and staff spoke positively about the registered manager. They told us that she was approachable and always available for help and support. Staff said they were confident the registered manager would make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager had good communication skills and that she was open and transparent and worked well with them

The registered manager told us that she walked around the home every day and spoke with people to discuss any issues they may have. The registered manager said she always asked people if they were happy with how their care was delivered, how people were getting on, what had been going well and what not so well

Staff said the registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes.

Questionnaires were sent to people and their representatives each may to ask them their views on how the provider was meeting people's needs. The questionnaire asked for people's opinions of the home and invited comment on any shortfalls or areas for improvement. The registered manager showed us the results from the last questionnaire sent in May 2015. There were no negative comments and people were positive about the politeness, helpfulness and skill level of staff. They were positive about the cleanliness of the home and people described the atmosphere in the home as good or excellent.

The registered providers were a charitable organisation which is run by a committee. The chairman of the committee is the Nominated Individual (NI) and she visits the home unannounced on a regular basis; She walks around the home and speaks to people, relatives and staff. She gives feedback to the registered manger so that changes can be made if necessary.

We asked staff about the provider's philosophy. Staff said that this was clearly displayed on the notice board in the home and was 'To ensure the quality of life for older people, with values, care, openness, honesty and respect. It was clear from speaking to the registered manager and staff that they all embraced this philosophy and were passionate about the job they did.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines and audits of concerns or complaints.

Annual external audits were also carried out by the supplying pharmacist, fire authority and environmental health officials. The NI also carried out quality audits. She arranged a suitable date with the registered manager and used CQC Key Lines of Enquiry (KLOE) prompts to assess how the home was meeting people's needs The NI and registered manager completed a report form to inform their findings. Any areas for improvement were noted and the registered manger produced an action plan to state how and when any shortfalls would be addressed. The registered manager said these quality assurance audits helped her and the provider to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.